

Application Data Sheet

Application Information

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| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Computer Readable Form (CRF)?:: | No |
| Title:: | CLOSURE DEVICE AND METHOD FOR SEALING A PUNCTURE IN A BLOOD VESSEL |
| Attorney Docket Number:: | 030481-0213 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 6 |
| Small Entity?:: | Yes |
| Petition included?:: | No |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

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|--------------------------------------|---------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | Sweden |
| Status:: | Full Capacity |
| Given Name:: | Per |
| Family Name:: | EGNELÖV |
| City of Residenc :: | Uppsala |
| Country of R sidenc :: | Sweden |

Street of mailing address:: Nannasväg 6
SE-754 40 Uppsala

Country of mailing address:: Sweden

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Sweden

Status:: Full Capacity

Given Name:: Fredrik

Family Name:: PREINITZ

City of Residence:: Uppsala

Country of Residence:: Sweden

Street of mailing address:: Tibastvägen 14
SE-753 50 Uppsala

Country of mailing address:: Sweden

Correspondence Information

Correspondence Customer Number:: 22428

E-Mail address:: PTOMailWashington@Foley.com

Representative Information

| | | |
|---|-------|--|
| Representative Customer Number:: | 22428 | |
|---|-------|--|

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|----------------------|---|-----------------------------|-----------------------------|
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/439,800 | 01/14/2003 |

Foreign Priority Information

| Country:: | Application number:: | Filing Dat :: | Priority Claimed:: |
|------------------|---------------------------------|----------------------|---------------------------|
| | | | |

Assignee Information**Assignee name::**

RADI MEDICAL SYSTEMS AB